

1743

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A
carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that
it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>404</u>
District		ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>123</u>
Town or City	<u>Badger</u>		Local Registrar's - No. <u>22</u>
2. FULL NAME <u>Antonia Castillo</u>		(If death occurred in a hospital or institution, give its NAME instead of street number)	
(a) Residence. No. _____		St., _____ Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
<u>Female</u>	<u>Mexican</u>	<u>Widow</u>	
5a. If married, widowed, or divorced			
HUSBAND of _____			
(or) WIFE of _____			
6. DATE OF BIRTH (month, day and year)			
7. AGE			
Years	Months	Days	IF LESS than 1 day hrs. or min.
<u>46</u>	<u>10</u>	<u>17</u>	
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work			
<u>Housewife</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Mexico</u>			
(State or country)			
10. NAME OF FATHER <u>Unknown</u>			
11. BIRTHPLACE OF FATHER <u>Mexico</u>			
(State or country) (city or town)			
12. MAIDEN NAME OF MOTHER <u>Maria Morales</u>			
13. BIRTHPLACE OF MOTHER <u>Mexico</u>			
(State or country) (city or town)			
14. Informant (Address) <u>Carl Brunette</u>			
15. Filed <u>9/1, 1923</u> <u>C. P. Laughaugh</u>			
County Registrar.			
Filed <u>10-5, 1923</u> <u>M. B. Latta</u>			
County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>8/27, 1923</u>			
17. I HEREBY CERTIFY, That I attended deceased from _____			
_____, 19____ to _____, 19____			
that I last saw h_____ alive on _____, 19____			
and that death occurred, on the date stated above, at _____ m.			
The CAUSE OF DEATH* was as follows:			
<u>Tuberculosis</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted _____			
if not at place of death?			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>A. C. Johnson</u> M. D.			
19 (Address) _____			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
<u>Yuma Cemetery</u>		<u>8/28, 1923</u>	
20. UNDERTAKER		ADDRESS	
<u>E. C. Johnson</u>		<u>Yuma</u>	